

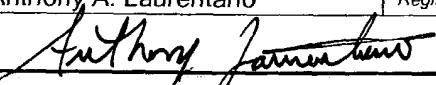
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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

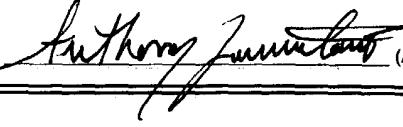
		Attorney Docket No.	TOW-032
		First Inventor	Teruaki Komiya
Title	PROTON CONDUCTIVE SOLID POLYMER ELECTROLYTE		
		Express Mail Label No.	EV 354 228 307 US

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b>	
See MPEP chapter 600 concerning utility patent application contents.		MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 24]</span>		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or      ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	
<b>ACCOMPANYING APPLICATIONS PARTS</b>			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="border: 1px solid black; padding: 2px;">[when there is an assignee]</span> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). 17. <input checked="" type="checkbox"/> Other: <span style="border: 1px solid black; padding: 2px;">Copy of 8 references cited</span>			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No. _____  Prior application information: Examiner _____ Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		00959		or <input checked="" type="checkbox"/> Correspondence address below	
Name	LAHIVE & COCKFIELD, LLP Anthony A. Laurentano				
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Country	US	Telephone	(617) 227-7400		Fax (617) 742-4214
Name (Print/Type)	Anthony A. Laurentano		Registration No. (Attorney/Agent)	38,220	
Signature			Date	July 9, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 354 228 307 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 9, 2003

Signature: 

(Anthony A. Laurentano)

10/616537  
07/09/03

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# FEET TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790.00)

## Complete if Known

Application Number	NEW APPLICATION
Filing Date	Concurrently Herewith
First Named Inventor	Teruaki Komiya
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	TOW-032

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account Number 12-0080

Deposit Account Name Lahive &amp; Cockfield, LLP

The Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

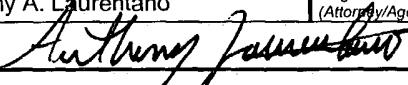
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Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ 40.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims 14	-20** =	0.00
Independent Claims 1	-3** =	0.00
Multiple Dependent		

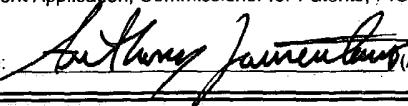
Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0.00)		

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Anthony A. Laurentano	Registration No. (Attorney/Agent)	38,220	Telephone (617) 227-7400
Signature			Date	July 9, 2003

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